



# Missouri Department of Agriculture Organic Program

## Organic Crops and Wild Crops Production System Plan

| SECTION 1: General Information  |              |   |                     |                           |
|---|--------------|---|---------------------|---------------------------|
| Name  |              |   | For Office Use Only | Certification No.         |
|   |              |   | Date Received       | Date Reviewed             |
| Farm Name   |              |   |                     |                           |
| Mailing Address   |              |   | Reviewed by         | Certification Status      |
|   |              |   |                     |                           |
| City  | State        | Zip Code  | Phone               |                           |
| New Applicant for Organic Certification? <input type="checkbox"/> yes <input type="checkbox"/> no   |              |   | Secondary Phone     |                           |
| Year Farm Began   |              | First Year Certified  |                     |                           |
| Name of Your Current Organic Certification Agency, if any.  |              |   | FAX                 |                           |
| List All of Your Previous Organic Certification Agencies, if any.   |              |   | E-mail              |                           |
| ATTACH A COPY OF YOUR INSPECTION REPORT FROM THE LAST YEAR YOU WERE CERTIFIED   |              |   |                     |                           |
| Have You Ever Been Denied Certification?<br><input type="checkbox"/> yes <input type="checkbox"/> no  |              | If yes, List year and describe the reasons for denial. Attach documentation of corrective actions.                    |                     |                           |
| If you have been denied certification or if you have been issued a Notice of Non-Compliance from another certifying agent, you must attach a copy of the "Denial of Certification", a copy of the "Notice of Non-Compliances", a description of actions taken to correct the "Notice of Non-Compliances", and supporting evidence of the corrections to this application. |              |   |                     |                           |
| Do You Operate a Split or Parallel Production System? <input type="checkbox"/> yes <input type="checkbox"/> no  |              | If yes, Estimate Percent of Each Category of Crops Grown...<br>Organic _____% Transitional _____% Conventional _____% |                     |                           |
| Preferred Dates and Time for Inspection Visit:  |              |   |                     |                           |
| SECTION 2: Crops  |              |   |                     |                           |
| List all crops requested for certification.<br>Examples: <u>Crop Category</u> : apples, berries, corn, soybeans, hay, pasture and name of vegetables.<br><u>Crop Varieties</u> : Gala, Lespedeza, Super Sweet Corn, and/or Supplier Name with number,<br><u>Acreage</u> : when less than 1 acre, indicate size of plot by square footage or other measurement.            |              |   |                     |                           |
| Crop Category   | Crop Variety | Crop Site   | Crop Acreage        | Crop Supplier and Address |
|   |              |   |                     |                           |
|   |              |   |                     |                           |
|   |              |   |                     |                           |
|   |              |   |                     |                           |
|   |              |   |                     |                           |

### SECTION 3: Seeds, Seedlings, Annual and Perennial Plants

*The National Organic Program (NOP) requires the use of organically grown seeds and annual transplants, unless the variety is not commercially available. NOP also prohibits the use of synthetic seed treatments, unless required by Federal or State regulations. NO GMO seeds are allowed.*

If you cannot access organically produced seeds, you must have records of your attempts to source organic seed. If you do not have records of your attempts to source organic seed, or if you use synthetic seed treatments due to the unavailability of untreated seed, you will receive a Notice of Non-Compliance from the MDA Organic Program. Repeated violations will result in review of and possible withdrawal from certification status.

**Please send in with application, copies of all seed and inoculant labels, seed catalogs or other records that will demonstrate that you comply with the NOP seed commercial availability requirements. Copies of sales receipts or other purchase records must be available for verification during inspection.**

**ALL COPIES OF DOCUMENTS ARE NOT TO EXCEED 8.5 X 11 IN SIZE**

#### Seed Information

**List all seeds used or planned for use in the current crop season. Check the appropriate boxes and provide other information as needed. Attach additional sheets if needed.**

| Seed/Variety/Brand | Organic<br>(✓) | Untreated<br>(✓) | Non-GMO<br>(✓) | Treated<br>(✓) | GMO<br>(✓) | Type/Brand<br>Of Treatment | Supplier Name and Address |
|--------------------|----------------|------------------|----------------|----------------|------------|----------------------------|---------------------------|
|                    |                |                  |                |                |            |                            |                           |
|                    |                |                  |                |                |            |                            |                           |
|                    |                |                  |                |                |            |                            |                           |
|                    |                |                  |                |                |            |                            |                           |
|                    |                |                  |                |                |            |                            |                           |
|                    |                |                  |                |                |            |                            |                           |
|                    |                |                  |                |                |            |                            |                           |
|                    |                |                  |                |                |            |                            |                           |
|                    |                |                  |                |                |            |                            |                           |

#### Organic and Treated Seeds

***If organic seeds were not commercially available with an equivalent variety, You MUST document your attempts to obtain organic seeds. List below including attempts for each seed variety not organic.***

***If treated seeds are used or plan to be used, and treatment is not on the approved list, You MUST have a Phytosanitary certificate stating that regulations require the treatment(s).***

|   |   |   |                          |                           |
|---|---|---|--------------------------|---------------------------|
| <b>Annual and Perennial Transplants</b>   |   |   |                          |                           |
| <i>NOP requires that all perennial transplants must have been under constant certified organic production for a period of “no less than one year prior to harvest”.</i>   |   |   |                          |                           |
| Do you produce annual and/or perennial transplants on-farm? <input type="checkbox"/> yes <input type="checkbox"/> no  |   |   |                          |                           |
| List your ingredients in your soil mix.   |   | List your fertility products, foliar sprays, etc. used in the production of your annual and/or perennial transplants. |                          |                           |
| Do you purchase all certified organic annual and/or perennial transplants? <input type="checkbox"/> yes <input type="checkbox"/> no   |   |   |                          |                           |
| Have any prohibited treatments been applied to the transplants? <input type="checkbox"/> yes <input type="checkbox"/> no  |   |   |                          |                           |
| If yes, Do you have a Phytosanitary certificate stating that regulations require the treatments(s)? <input type="checkbox"/> yes <input type="checkbox"/> no  |   |   |                          |                           |
| <b>Complete the following table for all annual and perennial transplants purchased.</b>   |   |   |                          |                           |
| Transplant Name   | Supplier Name   | Supplier Address  | Certified Organic<br>(✓) | Supplier Certifying Agent |
|   |   |   |                          |                           |
|   |   |   |                          |                           |
|   |   |   |                          |                           |
|   |   |   |                          |                           |
| <b>Other Perennial Crop Information</b>   |   |   |                          |                           |
| Describe any ground covers, any cover crops that you use, or any other means to build fertility for your perennial crops such as fruit and nut orchards, bramble and berry areas.                                       |   |   |                          |                           |
| <b>SECTION 4: Soil Fertility and Crop Nutrient Management</b>   |   |   |                          |                           |
| <i>NOP requires ongoing monitoring to meet the requirements of a production system that maintains or improves crop nutrients and soil organic matter to enhance the fertility and biological condition of the soil.</i> |   |   |                          |                           |
| <b>Fertility and Natural Resource Management Plan</b>   |   |   |                          |                           |
| Describe your soil and crop fertility management plan to maintain or improve soil quality.  |   |   |                          |                           |
| How do you monitor the effectiveness of your plan?  |   |   |                          |                           |
| Check any examples of monitoring that apply to your operation.  |   |   |                          |                           |
| <input type="checkbox"/> Microbiological Testing  | <input type="checkbox"/> Visual Observation of the Soil | <input type="checkbox"/> Comparison of Crop Yields  |                          |                           |
| <input type="checkbox"/> Soil Testing   | <input type="checkbox"/> Observation of Crop Health     | <input type="checkbox"/> Crop Quality Testing   |                          |                           |

|  |  |   |  |   |   |  |  |   |   |                                       |  |  |                                     |  |                                     |  |                                     |  |   |                                |
|--|--|---|--|---|---|--|--|---|---|---------------------------------------|--|--|-------------------------------------|--|-------------------------------------|--|-------------------------------------|--|---|--------------------------------|
| <p><b>Check any natural resources that are of concern on your farm.</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Water Quality</td> <td><input type="checkbox"/> Air Quality</td> <td><input type="checkbox"/> Wooded Lands</td> </tr> <tr> <td><input type="checkbox"/> Water Quantity</td> <td><input type="checkbox"/> Soil Erosion</td> <td><input type="checkbox"/> Soil Contamination</td> </tr> <tr> <td><input type="checkbox"/> Wetlands</td> <td><input type="checkbox"/> Biodiversity</td> <td><input type="checkbox"/> Other</td> </tr> </table>   |  |   | <input type="checkbox"/> Water Quality | <input type="checkbox"/> Air Quality        | <input type="checkbox"/> Wooded Lands         | <input type="checkbox"/> Water Quantity            | <input type="checkbox"/> Soil Erosion      | <input type="checkbox"/> Soil Contamination           | <input type="checkbox"/> Wetlands           | <input type="checkbox"/> Biodiversity | <input type="checkbox"/> Other           |  |                                     |  |                                     |  |                                     |  |   |                                |
| <input type="checkbox"/> Water Quality   | <input type="checkbox"/> Air Quality               | <input type="checkbox"/> Wooded Lands                 |  |   |   |  |  |   |   |                                       |  |  |                                     |  |                                     |  |                                     |  |   |                                |
| <input type="checkbox"/> Water Quantity  | <input type="checkbox"/> Soil Erosion              | <input type="checkbox"/> Soil Contamination           |  |   |   |  |  |   |   |                                       |  |  |                                     |  |                                     |  |                                     |  |   |                                |
| <input type="checkbox"/> Wetlands  | <input type="checkbox"/> Biodiversity              | <input type="checkbox"/> Other                        |  |   |   |  |  |   |   |                                       |  |  |                                     |  |                                     |  |                                     |  |   |                                |
| <p>Rate the effectiveness of your plan.   <input type="checkbox"/> excellent   <input type="checkbox"/> satisfactory   <input type="checkbox"/> needs improvement<br/> Describe any changes you have made or intend to make based on the results of your monitoring.</p>   |  |   |  |   |   |  |  |   |   |                                       |  |  |                                     |  |                                     |  |                                     |  |   |                                |
| <p><b><u>Describe</u> your soil conservation plan.</b></p>   |  |   |  |   |   |  |  |   |   |                                       |  |  |                                     |  |                                     |  |                                     |  |   |                                |
| <p><b>Check any resource conservation practices you are implementing.</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Winter Cover Crops</td> <td><input type="checkbox"/> Conservation Tillage</td> </tr> <tr> <td><input type="checkbox"/> Riparian Buffers</td> <td><input type="checkbox"/> Stubble Retention</td> <td><input type="checkbox"/> Manure Seasonal Applications</td> </tr> <tr> <td><input type="checkbox"/> Nutrient Budgeting</td> <td><input type="checkbox"/> Manure</td> <td><input type="checkbox"/> Other Nutrients</td> </tr> <tr> <td><input type="checkbox"/> Maintain Wildlife Habitat</td> <td><input type="checkbox"/> Composting</td> <td><input type="checkbox"/> Replacement of Furrow</td> </tr> <tr> <td><input type="checkbox"/> Windbreaks</td> <td><input type="checkbox"/> Strip Farming</td> <td><input type="checkbox"/> Irrigation</td> </tr> <tr> <td><input type="checkbox"/> Permanent Cover Crops</td> <td><input type="checkbox"/> Inter-planting</td> <td><input type="checkbox"/> Other</td> </tr> </table> |  |   | <input type="checkbox"/> None          | <input type="checkbox"/> Winter Cover Crops | <input type="checkbox"/> Conservation Tillage | <input type="checkbox"/> Riparian Buffers          | <input type="checkbox"/> Stubble Retention | <input type="checkbox"/> Manure Seasonal Applications | <input type="checkbox"/> Nutrient Budgeting | <input type="checkbox"/> Manure       | <input type="checkbox"/> Other Nutrients | <input type="checkbox"/> Maintain Wildlife Habitat | <input type="checkbox"/> Composting | <input type="checkbox"/> Replacement of Furrow | <input type="checkbox"/> Windbreaks | <input type="checkbox"/> Strip Farming | <input type="checkbox"/> Irrigation | <input type="checkbox"/> Permanent Cover Crops | <input type="checkbox"/> Inter-planting | <input type="checkbox"/> Other |
| <input type="checkbox"/> None  | <input type="checkbox"/> Winter Cover Crops        | <input type="checkbox"/> Conservation Tillage         |  |   |   |  |  |   |   |                                       |  |  |                                     |  |                                     |  |                                     |  |   |                                |
| <input type="checkbox"/> Riparian Buffers  | <input type="checkbox"/> Stubble Retention         | <input type="checkbox"/> Manure Seasonal Applications |  |   |   |  |  |   |   |                                       |  |  |                                     |  |                                     |  |                                     |  |   |                                |
| <input type="checkbox"/> Nutrient Budgeting  | <input type="checkbox"/> Manure                    | <input type="checkbox"/> Other Nutrients              |  |   |   |  |  |   |   |                                       |  |  |                                     |  |                                     |  |                                     |  |   |                                |
| <input type="checkbox"/> Maintain Wildlife Habitat   | <input type="checkbox"/> Composting                | <input type="checkbox"/> Replacement of Furrow        |  |   |   |  |  |   |   |                                       |  |  |                                     |  |                                     |  |                                     |  |   |                                |
| <input type="checkbox"/> Windbreaks  | <input type="checkbox"/> Strip Farming             | <input type="checkbox"/> Irrigation                   |  |   |   |  |  |   |   |                                       |  |  |                                     |  |                                     |  |                                     |  |   |                                |
| <input type="checkbox"/> Permanent Cover Crops   | <input type="checkbox"/> Inter-planting            | <input type="checkbox"/> Other                        |  |   |   |  |  |   |   |                                       |  |  |                                     |  |                                     |  |                                     |  |   |                                |
| <p>Rate the effectiveness of your plan.   <input type="checkbox"/> excellent   <input type="checkbox"/> satisfactory   <input type="checkbox"/> needs improvement<br/> Describe any changes you have made or intend to make based on the results of your monitoring.</p>   |  |   |  |   |   |  |  |   |   |                                       |  |  |                                     |  |                                     |  |                                     |  |   |                                |
| <p><b><u>Describe</u> your water quality plan.</b></p>   |  |   |  |   |   |  |  |   |   |                                       |  |  |                                     |  |                                     |  |                                     |  |   |                                |
| <p><b>Check the ways that water is utilized on your farm.</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Livestock</td> </tr> <tr> <td><input type="checkbox"/> Irrigation</td> <td><input type="checkbox"/> Washing Crops</td> </tr> <tr> <td><input type="checkbox"/> Foliar Sprays</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Greenhouse</td> <td></td> </tr> </table>   |  |   | <input type="checkbox"/> None          | <input type="checkbox"/> Livestock          | <input type="checkbox"/> Irrigation           | <input type="checkbox"/> Washing Crops             | <input type="checkbox"/> Foliar Sprays     | <input type="checkbox"/> Other                        | <input type="checkbox"/> Greenhouse         |                                       |  |  |                                     |  |                                     |  |                                     |  |   |                                |
| <input type="checkbox"/> None  | <input type="checkbox"/> Livestock                 |   |  |   |   |  |  |   |   |                                       |  |  |                                     |  |                                     |  |                                     |  |   |                                |
| <input type="checkbox"/> Irrigation  | <input type="checkbox"/> Washing Crops             |   |  |   |   |  |  |   |   |                                       |  |  |                                     |  |                                     |  |                                     |  |   |                                |
| <input type="checkbox"/> Foliar Sprays   | <input type="checkbox"/> Other                     |   |  |   |   |  |  |   |   |                                       |  |  |                                     |  |                                     |  |                                     |  |   |                                |
| <input type="checkbox"/> Greenhouse  |  |   |  |   |   |  |  |   |   |                                       |  |  |                                     |  |                                     |  |                                     |  |   |                                |
| <p><b>Check the sources of water.</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Spring</td> <td><input type="checkbox"/> Municipal/District</td> </tr> <tr> <td><input type="checkbox"/> On-Site Well</td> <td><input type="checkbox"/> Pond(s) List Number _____</td> </tr> <tr> <td><input type="checkbox"/> River</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Creek</td> <td></td> </tr> </table>   |  |   | <input type="checkbox"/> Spring        | <input type="checkbox"/> Municipal/District | <input type="checkbox"/> On-Site Well         | <input type="checkbox"/> Pond(s) List Number _____ | <input type="checkbox"/> River             | <input type="checkbox"/> Other                        | <input type="checkbox"/> Creek              |                                       |  |  |                                     |  |                                     |  |                                     |  |   |                                |
| <input type="checkbox"/> Spring  | <input type="checkbox"/> Municipal/District        |   |  |   |   |  |  |   |   |                                       |  |  |                                     |  |                                     |  |                                     |  |   |                                |
| <input type="checkbox"/> On-Site Well  | <input type="checkbox"/> Pond(s) List Number _____ |   |  |   |   |  |  |   |   |                                       |  |  |                                     |  |                                     |  |                                     |  |   |                                |
| <input type="checkbox"/> River   | <input type="checkbox"/> Other                     |   |  |   |   |  |  |   |   |                                       |  |  |                                     |  |                                     |  |                                     |  |   |                                |
| <input type="checkbox"/> Creek   |  |   |  |   |   |  |  |   |   |                                       |  |  |                                     |  |                                     |  |                                     |  |   |                                |
| <p><b>Irrigation System Information</b></p>  |  |   |  |   |   |  |  |   |   |                                       |  |  |                                     |  |                                     |  |                                     |  |   |                                |
| <p>Do you use irrigation systems?   <input type="checkbox"/> yes   <input type="checkbox"/> no</p>   |  |   |  |   |   |  |  |   |   |                                       |  |  |                                     |  |                                     |  |                                     |  |   |                                |
| <p>If yes, what type of irrigation systems?</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Drip</td> <td><input type="checkbox"/> Center Pivot</td> <td><input type="checkbox"/> Solid Set</td> </tr> <tr> <td><input type="checkbox"/> Furrow</td> <td><input type="checkbox"/> Wheel Line</td> <td><input type="checkbox"/> Other</td> </tr> </table>  |  |   | <input type="checkbox"/> Drip          | <input type="checkbox"/> Center Pivot       | <input type="checkbox"/> Solid Set            | <input type="checkbox"/> Furrow                    | <input type="checkbox"/> Wheel Line        | <input type="checkbox"/> Other                        |   |                                       |  |  |                                     |  |                                     |  |                                     |  |   |                                |
| <input type="checkbox"/> Drip  | <input type="checkbox"/> Center Pivot              | <input type="checkbox"/> Solid Set                    |  |   |   |  |  |   |   |                                       |  |  |                                     |  |                                     |  |                                     |  |   |                                |
| <input type="checkbox"/> Furrow  | <input type="checkbox"/> Wheel Line                | <input type="checkbox"/> Other                        |  |   |   |  |  |   |   |                                       |  |  |                                     |  |                                     |  |                                     |  |   |                                |
| <p>Do you use crop nutrient products through the irrigation system?   <input type="checkbox"/> yes   <input type="checkbox"/> no</p>   |  |   |  |   |   |  |  |   |   |                                       |  |  |                                     |  |                                     |  |                                     |  |   |                                |
| <p>If yes, List which products you use.</p>  |  |   |  |   |   |  |  |   |   |                                       |  |  |                                     |  |                                     |  |                                     |  |   |                                |

|   |
|---|
| <b>List what products you use to clean the irrigation lines/nozzles.</b>  |
| <b>Check which practices are used to conserve water usage.</b><br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Micro-sprinklers<br/> <input type="checkbox"/> Drip Irrigation<br/> <input type="checkbox"/> Tensiometer/Monitoring         </div> <div> <input type="checkbox"/> Scheduled Use of Water<br/> <input type="checkbox"/> Other         </div> </div>  |
| <b>You are not required to take regular water tests.</b>  |
| <b>List known contaminants in water supplies in your area. (Attach residue analysis and/or salinity test results if available.)</b>   |
| <b>Rate the effectiveness of your plan.</b> <input type="checkbox"/> excellent <input type="checkbox"/> satisfactory <input type="checkbox"/> needs improvement<br><b>Describe any changes you have made or intend to make based on the results of your monitoring.</b>   |
| <b>SECTION 5: Weed, Pest and Disease Management Plan</b>  |
| <b>Check your weed control methods used.</b><br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Mowing<br/> <input type="checkbox"/> Crop Rotation<br/> <input type="checkbox"/> Field Preparation<br/> <input type="checkbox"/> Soil Sterilization<br/> <input type="checkbox"/> Hand Weeding         </div> <div> <input type="checkbox"/> Prevention of Weed Seed Set<br/> <input type="checkbox"/> Mechanical Cultivation<br/> <input type="checkbox"/> Plastic Mulch<br/> <input type="checkbox"/> Natural Mulch<br/> <input type="checkbox"/> Flame Weeding         </div> <div> <input type="checkbox"/> Cover Crops<br/> <input type="checkbox"/> Corn Gluten<br/> <input type="checkbox"/> Other         </div> </div> |
| <b><u>Describe</u> your weed management plan.</b>   |
| <b>Check all types of tillage equipment used.</b><br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Chisel Plow<br/> <input type="checkbox"/> Moldboard Plow<br/> <input type="checkbox"/> Disc<br/> <input type="checkbox"/> Rotary Hoe         </div> <div> <input type="checkbox"/> Harrow<br/> <input type="checkbox"/> Cultivator<br/> <input type="checkbox"/> Rototiller<br/> <input type="checkbox"/> Grape Hoe         </div> <div> <input type="checkbox"/> Weed Badger<br/> <input type="checkbox"/> Rotovator<br/> <input type="checkbox"/> Sub-soiler<br/> <input type="checkbox"/> Other         </div> </div>   |
| <b><u>Describe</u> your tillage or cultivation practices used.</b>  |
| <b>How often do you monitor?</b><br><br><b>Do you keep records to monitor the effectiveness of your weed management plan?</b> <input type="checkbox"/> yes <input type="checkbox"/> no  |
| <b>Rate the effectiveness of your plan.</b> <input type="checkbox"/> excellent <input type="checkbox"/> satisfactory <input type="checkbox"/> needs improvement<br><b>Describe any changes you have made or intend to make based on the results of your monitoring.</b>   |
| <b><u>Describe</u> your pest management plan.</b>   |
| <b>Check problem pests.</b> <input type="checkbox"/> Rodents <input type="checkbox"/> Gophers <input type="checkbox"/> Birds <input type="checkbox"/> Insects <input type="checkbox"/> Other  |

|  |  |   |   |  |  |  |  |   |   |  |  |                                     |  |                                |  |                                     |  |
|--|--|---|---|--|--|--|--|---|---|--|--|-------------------------------------|--|--------------------------------|--|-------------------------------------|--|
| <p><b>Check which strategies you use to control crop pests.</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Beneficial Habitats</td> <td><input type="checkbox"/> Companion Planting</td> </tr> <tr> <td><input type="checkbox"/> Crop Rotation</td> <td><input type="checkbox"/> Physical Barriers</td> <td><input type="checkbox"/> Bird Houses</td> </tr> <tr> <td><input type="checkbox"/> Frog Ponds</td> <td><input type="checkbox"/> Hand Picking</td> <td><input type="checkbox"/> Mating Disruption</td> </tr> <tr> <td><input type="checkbox"/> Bat Houses</td> <td><input type="checkbox"/> Release of Beneficial Insects</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Resistant Varieties</td> <td><input type="checkbox"/> Trap Crops</td> <td></td> </tr> </table> |  |   | <input type="checkbox"/> None                 | <input type="checkbox"/> Beneficial Habitats               | <input type="checkbox"/> Companion Planting        | <input type="checkbox"/> Crop Rotation                       | <input type="checkbox"/> Physical Barriers   | <input type="checkbox"/> Bird Houses                    | <input type="checkbox"/> Frog Ponds     | <input type="checkbox"/> Hand Picking  | <input type="checkbox"/> Mating Disruption | <input type="checkbox"/> Bat Houses | <input type="checkbox"/> Release of Beneficial Insects | <input type="checkbox"/> Other | <input type="checkbox"/> Resistant Varieties | <input type="checkbox"/> Trap Crops |  |
| <input type="checkbox"/> None  | <input type="checkbox"/> Beneficial Habitats                 | <input type="checkbox"/> Companion Planting |   |  |  |  |  |   |   |  |  |                                     |  |                                |  |                                     |  |
| <input type="checkbox"/> Crop Rotation   | <input type="checkbox"/> Physical Barriers                   | <input type="checkbox"/> Bird Houses        |   |  |  |  |  |   |   |  |  |                                     |  |                                |  |                                     |  |
| <input type="checkbox"/> Frog Ponds  | <input type="checkbox"/> Hand Picking                        | <input type="checkbox"/> Mating Disruption  |   |  |  |  |  |   |   |  |  |                                     |  |                                |  |                                     |  |
| <input type="checkbox"/> Bat Houses  | <input type="checkbox"/> Release of Beneficial Insects       | <input type="checkbox"/> Other              |   |  |  |  |  |   |   |  |  |                                     |  |                                |  |                                     |  |
| <input type="checkbox"/> Resistant Varieties   | <input type="checkbox"/> Trap Crops                          |   |   |  |  |  |  |   |   |  |  |                                     |  |                                |  |                                     |  |
| <p><b>Do you use a pest control consultant?</b>    <input type="checkbox"/> yes    <input type="checkbox"/> no</p> <p><b>If yes, list name and address of pest control consultant.</b></p><br><br><br>   |  |   |   |  |  |  |  |   |   |  |  |                                     |  |                                |  |                                     |  |
| <p><b>Do you maintain habitats for beneficial insects?</b>    <input type="checkbox"/> yes    <input type="checkbox"/> no</p>  |  |   |   |  |  |  |  |   |   |  |  |                                     |  |                                |  |                                     |  |
| <p><b>How often do you monitor?</b></p><br><br><p><b>How do you monitor the effectiveness of your plan?</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Pheromone Monitoring</td> <td><input type="checkbox"/> Comparison of Crop Yields</td> </tr> <tr> <td><input type="checkbox"/> Traps</td> <td><input type="checkbox"/> Visual Observation of Insect Damage</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other</td> </tr> </table>  |  |   | <input type="checkbox"/> Pheromone Monitoring | <input type="checkbox"/> Comparison of Crop Yields         | <input type="checkbox"/> Traps                     | <input type="checkbox"/> Visual Observation of Insect Damage |  | <input type="checkbox"/> Other                          |   |  |  |                                     |  |                                |  |                                     |  |
| <input type="checkbox"/> Pheromone Monitoring  | <input type="checkbox"/> Comparison of Crop Yields           |   |   |  |  |  |  |   |   |  |  |                                     |  |                                |  |                                     |  |
| <input type="checkbox"/> Traps   | <input type="checkbox"/> Visual Observation of Insect Damage |   |   |  |  |  |  |   |   |  |  |                                     |  |                                |  |                                     |  |
|  | <input type="checkbox"/> Other                               |   |   |  |  |  |  |   |   |  |  |                                     |  |                                |  |                                     |  |
| <p><b>Rate the effectiveness of your plan.</b>    <input type="checkbox"/> excellent    <input type="checkbox"/> satisfactory    <input type="checkbox"/> needs improvement</p> <p><b>Describe any changes you have made or intend to make based on the results of your monitoring.</b></p><br><br><br><br><br><br>  |  |   |   |  |  |  |  |   |   |  |  |                                     |  |                                |  |                                     |  |
| <p><b><u>Describe</u> your disease management plan. List your disease problems, if any.</b></p><br><br><br><br><br><br><br><br><br>  |  |   |   |  |  |  |  |   |   |  |  |                                     |  |                                |  |                                     |  |
| <p><b>Check the disease prevention strategies you use.</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Crop Rotation</td> <td><input type="checkbox"/> Field Sanitation</td> </tr> <tr> <td><input type="checkbox"/> Companion Planting</td> <td><input type="checkbox"/> Vector Management</td> </tr> <tr> <td><input type="checkbox"/> Resistant Varieties</td> <td><input type="checkbox"/> Timing of Planting/Cultivation</td> </tr> <tr> <td><input type="checkbox"/> Soil Balancing</td> <td><input type="checkbox"/> Plant Spacing</td> </tr> <tr> <td><input type="checkbox"/> Compost</td> <td><input type="checkbox"/> Other</td> </tr> </table>  |  |   | <input type="checkbox"/> Crop Rotation        | <input type="checkbox"/> Field Sanitation                  | <input type="checkbox"/> Companion Planting        | <input type="checkbox"/> Vector Management                   | <input type="checkbox"/> Resistant Varieties | <input type="checkbox"/> Timing of Planting/Cultivation | <input type="checkbox"/> Soil Balancing | <input type="checkbox"/> Plant Spacing | <input type="checkbox"/> Compost           | <input type="checkbox"/> Other      |  |                                |  |                                     |  |
| <input type="checkbox"/> Crop Rotation   | <input type="checkbox"/> Field Sanitation                    |   |   |  |  |  |  |   |   |  |  |                                     |  |                                |  |                                     |  |
| <input type="checkbox"/> Companion Planting  | <input type="checkbox"/> Vector Management                   |   |   |  |  |  |  |   |   |  |  |                                     |  |                                |  |                                     |  |
| <input type="checkbox"/> Resistant Varieties   | <input type="checkbox"/> Timing of Planting/Cultivation      |   |   |  |  |  |  |   |   |  |  |                                     |  |                                |  |                                     |  |
| <input type="checkbox"/> Soil Balancing  | <input type="checkbox"/> Plant Spacing                       |   |   |  |  |  |  |   |   |  |  |                                     |  |                                |  |                                     |  |
| <input type="checkbox"/> Compost   | <input type="checkbox"/> Other                               |   |   |  |  |  |  |   |   |  |  |                                     |  |                                |  |                                     |  |
| <p><b>How often do you monitor for disease?</b></p><br><p><b>Check how you monitor the effectiveness of your disease management plan.</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Crop Quality</td> <td><input type="checkbox"/> Visual Observation of Crop Health</td> </tr> <tr> <td><input type="checkbox"/> Comparison of Crop Yields</td> <td><input type="checkbox"/> Other</td> </tr> </table>   |  |   | <input type="checkbox"/> Crop Quality         | <input type="checkbox"/> Visual Observation of Crop Health | <input type="checkbox"/> Comparison of Crop Yields | <input type="checkbox"/> Other                               |  |   |   |  |  |                                     |  |                                |  |                                     |  |
| <input type="checkbox"/> Crop Quality  | <input type="checkbox"/> Visual Observation of Crop Health   |   |   |  |  |  |  |   |   |  |  |                                     |  |                                |  |                                     |  |
| <input type="checkbox"/> Comparison of Crop Yields   | <input type="checkbox"/> Other                               |   |   |  |  |  |  |   |   |  |  |                                     |  |                                |  |                                     |  |
| <p><b>Rate the effectiveness of your plan.</b>    <input type="checkbox"/> excellent    <input type="checkbox"/> satisfactory    <input type="checkbox"/> needs improvement</p> <p><b>Describe any changes you have made or intend to make based on the results of your monitoring.</b></p><br><br><br><br><br><br>  |  |   |   |  |  |  |  |   |   |  |  |                                     |  |                                |  |                                     |  |

**SECTION 6: Material Applications of Fertilizers, Soil Amendments, Weed, Pest and Disease Inputs**

List all fertility inputs, soil mix ingredients, pest and disease control products, water additives, or other inputs used or intended for use in the current season on organic and transitional fields. Use additional sheets if necessary. All inputs used during the current year must be listed on your Field History Form. You **MUST** attach copies of all input labels to this application for review before an inspection will be scheduled. Copies of sales receipts or other purchase records must be available for verification during inspection.

☐ **No inputs used**

| Product | Brand Name or Source | Approved (A)<br>Restricted (R)<br>Prohibited (P) | Describe Use of Restricted Products            | Non<br>GMO<br>(✓) | GMO<br>(✓) |
|---------|----------------------|--|--|-------------------|------------|
|         |                      |  | Explain compliance with NOP Rule<br>Annotation |                   |            |
|         |                      |  |  |                   |            |
|         |                      |  |  |                   |            |
|         |                      |  |  |                   |            |
|         |                      |  |  |                   |            |
|         |                      |  |  |                   |            |
|         |                      |  |  |                   |            |
|         |                      |  |  |                   |            |
|         |                      |  |  |                   |            |

**Manure Use**

*Under NOP, the producer must not apply raw, aged, or liquid manure within 120 days of harvest of a crop which has contact with the soil, or within 90 days of the harvest of a crop which does not have contact with the soil surface or soil particles.*

What form of animal manure do you use?

☐ None      ☐ Aged      ☐ Composted  
☐ Raw      ☐ Liquid

Do you apply raw, aged or liquid manure within 90 days of harvest?    ☐ yes    ☐ no

Do any of your crops have direct contact with the soil?    ☐ yes    ☐ no

If yes, do you apply raw, aged or liquid manure within 120 days of harvest?    ☐ yes    ☐ no

**Compost Use**

*The NOP requires that the composting process must start with a Carbon:Nitrogen (C:N) ratio of between 25:1 and 40:1 and maintain temperatures between 131° F and 170°F for a specific number of days. (Keep compost records to verify compliance.)*

Do you make compost?    ☐ yes    ☐ no

If yes, list all compost ingredients.

Check which compost method you use?    ☐ In-vessel    ☐ Static Aerated Pile    ☐ Windrows

What is your Carbon:Nitrogen ratio?

What temperatures were recorded?

How long were these temperatures maintained?

If compost is windrowed, how many times were materials turned?

**Crop Rotation - Field History Form MUST accompany Organic System Plan.**

## SECTION 7: Adjoining Land Use

*NOP requires that there must be distinct, defined boundaries and buffer zones sufficient in size to prevent unintended applications of prohibited substances or contamination from GMO crops. You are not required to notify adjoining land owners/managers that you are producing organic crops. Organic crops produced in proximity to aerial or air-blast applications of prohibited materials or within zones of pollen drift from GMO crops are considered at risk.*

Are there any "borders at risk" on any of the sites? ☐ yes ☐ no  
If yes, list which borders are at risk.

Have adequate buffers been established surrounding all organic sites? ☐ yes ☐ no

Have signs been posted along roadsides that border organic sites? ☐ yes ☐ no

Check any parties who pose a risk.

☐ Utility Companies ☐ Road Department ☐ Adjoining farms  
☐ Aerial Spray Companies ☐ Neighbors ☐ Other

Have you established a written vegetation management agreement with road departments? ☐ yes ☐ no

*Please see accompanying template letter that you may voluntarily send to parties at risk.*

## SECTION 8: Split and Parallel Production

List all crop varieties that are grown in the same category of split and/or parallel production operations.

Is spray equipment used for both organic and conventional crops? ☐ yes ☐ no

If yes, Describe the clean out procedures that you use to ensure organic crops are not contaminated with conventional sprays.

If crops are mechanically harvested, is equipment used for both organic and conventional crops? ☐ yes ☐ no

If yes, Describe the clean out procedures that you use to ensure organic crops are not contaminated with conventional sprays.

## SECTION 9: Harvest and Storage

How are the organic crops harvested? ☐ Mechanical ☐ By Hand ☐ Other

Describe how the organic crops are stored, including location of storage.



|  |  |  |
|--|--|--|
| If crops are harvested by hand, what containers are used? <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Bins<br/> <input type="checkbox"/> Plastic Containers         </div> <div> <input type="checkbox"/> Cardboard/Waxed Boxes<br/> <input type="checkbox"/> Other         </div> </div>   |  |  |
| Are the containers new or used? <input type="checkbox"/> new <input type="checkbox"/> used<br>If the containers are used, are they used for both organic and conventional crops? <input type="checkbox"/> yes <input type="checkbox"/> no<br>If yes, Describe the clean out procedures that you use to ensure organic crops are not contaminated with conventional sprays. <div style="height: 100px; border: 1px solid black; margin-top: 5px;"></div>  |  |  |
| Are your storage containers/bins clearly marked "organic"? <input type="checkbox"/> yes <input type="checkbox"/> no  |  |  |
| <b>SECTION 10: Marketing</b>   |  |  |
| Check all marketing practices used. <div style="display: flex; flex-wrap: wrap; margin-top: 5px;"> <div style="width: 20%;"><input type="checkbox"/> Wholesale</div> <div style="width: 20%;"><input type="checkbox"/> Farmers Market</div> <div style="width: 20%;"><input type="checkbox"/> Direct to restaurants or local retail stores</div> <div style="width: 20%;"><input type="checkbox"/> On-Farm Service (U-Pick, Farm Stands)</div> <div style="width: 20%;"><input type="checkbox"/> Contract</div> <div style="width: 20%;"><input type="checkbox"/> Processing</div> <div style="width: 20%;"><input type="checkbox"/> CSA/Subscription</div> <div style="width: 20%;"><input type="checkbox"/> Other</div> </div>                               |  |  |
| List business (es) names that you sell to. <div style="height: 100px; border: 1px solid black; margin-top: 5px;"></div>  |  |  |
| <b>SECTION 11: Record Keeping System</b>   |  |  |
| <i>NOP requires that all records be maintained for five years beyond their creation and must be available for review and copying during inspection.</i>  |  |  |
| Check which of the following records you keep for organic production. <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Field Maps<br/> <input type="checkbox"/> Field History Forms<br/> <input type="checkbox"/> Material Application Records<br/> <input type="checkbox"/> Harvest Records<br/> <input type="checkbox"/> Labor Records<br/> <input type="checkbox"/> Sales Records         </div> <div> <input type="checkbox"/> Shipping Records<br/> <input type="checkbox"/> Storage Records<br/> <input type="checkbox"/> Equipment Clean-out Records<br/> <input type="checkbox"/> Clean Transport Records for off farm shipments<br/> <input type="checkbox"/> Other         </div> </div> |  |  |
| <b>SECTION 12: Agreement – The person signing the application must be authorized to represent the business.</b>  |  |  |
| I (We) Business Name(s) _____ state that everything submitted in this application is complete and true to the best of my (our) abilities; and that I (We) will fully comply with the NOP standards and with MO Rules for producing and handling organic foods and food products.<br>(Reference: NOP: 7CFR Part 205-209; MO: 2CSR 70-16.)   |  |  |
| Signature of Applicant <div style="height: 40px; border: 1px solid black; margin-top: 5px;"></div>   | Date <div style="height: 40px; border: 1px solid black; margin-top: 5px;"></div> | Printed Name <div style="height: 40px; border: 1px solid black; margin-top: 5px;"></div> |